# STATE OF HAWAII Department of Accounting and General Services Division of Public Works

#### MONTHLY ESTIMATE

FOR THE MONTH OF January 2011 Date: February 2, 2011 CONTRACTOR: **RK Construction Company LLC** ADDRESS: 2600 Pualani Way #2104 Contract No. 59554 City, State ZIP: Honolulu HI 96815 DAGS Job No. 12-14-7405 PROJECT TITLE: Department of Defense, Wahiawa Armory, Accessibility Improvements CONTRACT FOR INSPECTION BRANCH USE SUBMITTAL REGISTER COMMENCEMENT REQUIREMENTS \$ 220,888.00 **Basic Contract Amount** DUE MONTHLY: PROJECT SCHEDULE - INITIAL & ONGOING DAILY REPORTS PAYROLL AFFIDAVITS MONTHLY ESTIMATE CHECKLIST **CHANGE ORDERS** CONTRACT NUMBER PROJECT NAME & LOCATION Total \$ 1,819.00 ALL SIGNATURES Adjusted Contract Amount 222,707.00 **Change Order** WORK ACCOMPLISHED **Basic Contract** Total Completed to Date 38.53% 85,114.00 0.00% \$ 85,114.00 REDUCED [ ] \$ 4,255.00 \$ 4,255.00 Retained \$ \$ Amount Subject to Payment \$ 80,859.00 80,859.00 \$ Payments to Date \$ 29,559.00 29,559.00 \$ \$ Payments Now Due \$ 51,300.00 \$ 51,300.00 [ ] I certify that this contractis subject to HRS 103-55.6 (Act 17, SLH 2009) and that the Payment No. FINAL [ ] 2 attached Certification Form 2 has been properly completed. I also understand that without a properly completed Certification Form 2 that my payment may be withheld until it is properly completed and submitted. No chlordane detected, therefore variable quantities not needed. [ ] I certify that this contract is not subject to HRS 103-55.6 (Act 17, SLH 2009). 1. Computed and Checked by: 1. I certify under oath that I am an officer of the company and that my workforce complies with Act 68, Session Laws of Hawaii 2010 which requires not less than 80% of the workforce to be Hawaii State residents. 2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have RK Construction Company LLC FEB 1 0 2011 Date: Karen Ching, Manager Title of Company Officer Print Name and Title of Officer: FEB 2011

Date:

Sign

State Public Works Administrator

#### **BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

#### STATE OF HAWAII

## Department of Accounting and General Services Division of Public Works

For the Month of: January 2011

CONTRACTOR:

**RK Construction Company LLC** 

Contract No.: 59554

PROJECT TITLE:

Department of Defense, Wahiawa Armory, Accessibility

DAGS Job No.: 12-14-7405

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Įč	[ ]		LICENSE	BASIC CONTRACT	COMPL.		RETN	AMOUNT	
[7	PRIME CONTRACTOR	TRADE	<u>NO.</u>	AMOUNT	TO DATE	% CMPL	<u>%</u>	RETAINED	
Г									
Г	RK Construction Company LLC	General Contractor	ABC-30420	\$220,888	\$85,114	38.53%	5%	\$4,255	Α

							SUE
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		<u>LICENSE</u>	BASIC SUB-CONTRACT	COMPL.		RETN	<u>AMOUN</u>
SUBCONTRACTOR	TRADE	NO.	AMOUNT	TO DATE		%	RETAINE
KD Construction	concrete	14956	\$45,000	\$43,000	95.56%	0%	\$
KD Construction	electrical	14956	\$5,000	\$2,500	50.00%	0%	\$
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Total Retained from Subs						<u> </u>	

M PRIME AND SUBS (A+B)		\$4,255
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eany LLC	Checked/Verified by	:
	VP	
2 1 11	Initial - Project Inspe	ctor or Engineer
	this request.	this request.  Checked/Verified by  Initial - Project Inspe

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

### **STATE OF HAWAII DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES DIVISION OF PUBLIC WORKS Monthly Payment Slip**

PAYMENT NO.: 2

PROJECT TITLE: DEPARTMENT OF DEFENSE - WAHIAWA ARMORY, ACCESSIBILITY

**IMPROVEMENTS** 

BILLING MONTH: January-11

**DAGS JOB NO.:** 1 2-14-7405

CONTRACT NO.: 59554

CONTRACTOR: RK CONSTRUCTION COMPANY, LLC

**VENDOR CODE: 31617900** 

Original Contract Payment		Suffix: 1,2			
Suffix Fund Symbol			<b>Amount Earned</b>	<u>Retainage</u>	Amount Due
01	B09-439M	-	\$ 18,250	\$ 1,216	\$ 17,034
02	509 · 278M	-	\$ 35,750	\$ 1,484	\$ 34,266
		_			
<del></del>		Totals:	\$54,000.00	\$2,700.00	\$51,300.00
Change Order Payment		Suffix: 3		NECTION 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>Suffix</u>	Fund Symbol		<b>Amount Earned</b>	<u>Retainage</u>	Amount Due
03	B09-439M		\$0.00	\$0.00	\$0.00
	A. C.	_	***************************************		
	W-18418118111111111111111111111111111111				
		Totals:			
		Grand Total:	\$54,000.00	\$2,700.00	\$51,300.00

,	Lloyd ( Verified By	Igata	_2,	/14/20	DATE
	(This Section for	Administrative Service	es Offic	e Use Only)	
	Vendor Code	31617900			
	Cost Code	3A1			
	Voucher No.	02120N5	7 6	7 0212	11/15/5
	Verified By	bo		2/17/11	

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